#### V. S. No. 1.

#### N. B.—Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 3140	STATE OF MARYLAND
County Sall of	CERTIFICATE OF DEATH  Registration Dist. No. 212
Village or City & Hord Md (No, 2	Monical St.; Ward)  [If death occurred in a hospital or lostitution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acolor or race Swingle, Married, Widower, Windowso, Orphylorged (Write the word)	16 DATE OF DEATH  Manda / 4 , 191 44  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)  7 AGE If LESS than t day, hrs. OR min.?	that I last saw h. Ell alive on March 17, 1914, snd that death occurred on the date stated above, at Pm. The CAUSE OF DEATH* was as follows:
*OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE* (State or country)  **Country*  **Country	Contributory Gron Confirmation (Duration) 4 yrs 2 mos 10 ds.  Contributory Gron Confirmation and Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTH	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Delaware.  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Agima Jouldon Daughter)	1e LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If out at place of death?  Former or osual residence.
Filed Mc 20191 M. Micholo REGISTRAN It more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL OHOOLO PURIAL Mah 20, 191  20 UNDERTAKER Mulithu Gaston Mattract, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Censns and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucists of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tctanus) may be stated under the head of Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BURLAU, V.S.

BINDING FOR RESERVED MARGIN

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RECORD PERMANENT stated EXACTLY. 4 pe S should INK-THIS AGE UNFADING WITH pe PLAINLY.

PHYSICIANS should state of OCCUPATION IS YETY Exact statement properly classified. carefully supplied.
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of information should we be DEATH in plain terms, so Every item CAUSE OF Important.

STATE OF MARYLAND

HIFICAIL	Ur	DEATH
Registration		19
Registration	Dist	No.

Casson	give its	or Institution NAME loster and number.]
MEDICAL CERTIFICATE OF D	EATH	
16 DATE OF DEATH Words	4	1914
(Month)	(Day)	(Year)
I HEREBY CERTIFY, That I att		
hearel 3 1914 to home	0 4	, 1917
that I last saw hammalive on	_	
and that death occurred on the date stated abo	ve, at	-30/m
The CAUSE OF DEATH* was as follows:		
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Contributory(Secondary)	10400000000000000	••••••
(Duration)		. 40
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(Signed)		, M. D
nursh 7,191 4 (Address) Ca	alt	~
*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	eaths from	VIOLENE
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RICENT RESIDENTS) Af place In the of death yrs. mos. ds. State Where was disease contracted, if not at place of death? Former or usual residence.		
19	TE OF BU	DIAL
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6 DATE OF BIRTH

6 OCCUPATION

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Lif death occurred in

PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE

5 SINGLE, MARRIEO, WICOWEO,

marrier

ORDIVORCED (Write the word)

Month)

(Day)

1 day, .....hrs

If LESS than

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country)

(a) Frade, profession, or

particular kind of work.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country)

(Address).....

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons Coal

Statement of cause of death—Name, first, the disease causino death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc.. Carcinosis

"Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease cansing death), 29 ds.; thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-The nature of the



pinous OCCUPATION RECORD PERMANENT properly UNFADING may terms, plain Information ۳ of Inform DEATH WRITE Item OF Every It 8 ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 290 Ilf death occurred in .Ward) a hospital or institution. give Its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDDWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH How 20 (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in VIS. O mos /4 which employed (or employer) -----Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) of back ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_ mos. Where was disease contracted. See If not at place of death?. Former or usual residence. mportant. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balte, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonaeum, etc., Carcin-

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S. No. 1.

	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme important. See instructions on back of certificate.
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	LINE	Every Item of information should be carefully suicAUSE OF DEATH in plain terms, so that it mainportant. See instructions on back of certificate.
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V. S. No. 1.		M S E
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Page .		-

	STATE OF MARY CERTIFICATE OF	DEATH
	Registration Dist.	No. Z
ee.	St.;Ward)	[If death occurred I a hospital or institution give Its NAME Insteat of street and nomber.]
F	lon	
	MEDICAL CERTIFICATE OF I	DEATH
-	16 DATE OF DEATH Tourch (Month)	3 / , 191. (Day (Year)
_	17 I HEREBY CERTIFY, That I at	tended decessed from
0	that I last saw h allye on har	

Village or City Bear Lanio (No Mille)  2FULL NAME 200 21 6 left	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Sengle WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Wash 31, 1914  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	that I lest saw h is allyeon harely 30, 1914.
7 AGE if LESS than 1 day,	and that death occurred on the date stated above, at
a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF Coole  12 MAIDEN NAME OF MOTHER  OF MOTHER  13 MAIDEN NAME OF Coole  14 MAIDEN NAME OF MOTHER  OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN	(Signed) (Ouration) yrs mos ds.  (Ouration) y
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	At place of death yrs mos ds. State yrs mos ds Where was disease contracted, it not at place of death? Former or usual residence DATE OF BURIAL
Filed Spril 1914 B. Fairbanh	PUNDERTAKER ADDRESS MAN C. Spensee Easton Trust rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

3143

1 PLACE OF DEATH

County Jallot

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or Industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in mauy Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT IS DEATH IN or information should be carefully supplied. AGE should be stated EXACTLY. For performance of performance of performance of performance of performance or back of certificate.				-44	
WRITE PLAINLY, WITI m of information should by pr DEATH in plain terms, See instructions on back		H UNFADING INK-THIS IS A PERMANENT I	e carefully supplied. AGE should be stated EXACTLY. I	so that it may be properly classified. Exact statement	of certificate.
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OCCUPATION

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CAUSE OF Important. S

No. 202 .

HYSICIANS

RECORD

County

3 SEX

7 AGE

PARENTS

16

Village or City

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or particular kind of work.

(b) General nature of Industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

(Informant)

which employed (or employer) down

TRUE TO THE

(No.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 291
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St.;--Ward)

Ilf death occurred in a hospital or lostitution, give its NAME instead of street and number.]

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PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

1 PLACE OF DEATH

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
olor or race 5 single, Marrieo, Widowed, Orbivorced (Write the word)	16 DATE OF DEATH Mule 30, 1914  (Month) (Day (Year)  1 HEREBY CERTIFY, That I attended deceased from
Lebruary mokeum, 1868. (Month) (Day (Year)	that I last asw h we alive on Mule 30, 1914
yrs ds. ds. or min.?	and that death occurred on the date stated above, st
stry, Larming	(Duration)yrsmosds.
maryland	Secondary (Doration) yrs mos ds.
Sydney Collins  ntry) Stockton md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
entry) Stockton and.  UE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?
nmy Collins	Former or usual residence
1914 J Hwwaly	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  AMPL  20 ON DOTAKOR  DATE OF BURIAL  AMPL  20 ON DOTAKOR  DATE OF BURIAL  AMPL  20 ON DOTAKOR  Machaelo  Machaelo
If more blanks are needed, address State Regis	trar, 6 E. Frankon St., Balto., Requesting V. S. No. 1.

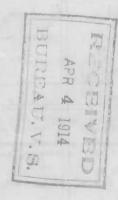
ns	······································
	MEDICAL CERTIFICATE OF DEATH
ried	16 DATE OF DEATH Mule 30 1914
o occur	(Month) (Day (Year)
	1 HEREBY CERTIFY, That I attended deceased from
	Mele 17 1914 to Mel 30 1914.
868	that I last asw h we alive on Mule 30, 1914
Year)	
ESS than	and that death occurred on the date stated above, st, m,
hrs.	The CAUSE OF DEATH* was as follows:
mm · 1	acula Brighto
************	
	(Duration)yrsmosds
44.1	Contributory Secondary
	(Doration) yrs mos ds
	11000
	(Signed) . Sille M. D.
	Ofr/ 1814 (Address) St Michael
1	
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
20.0	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
no	OR RECENT RESIDENTS
	At place in the of death yrs, mos, ds. State yrs, mos, ds
	Where was disease contracted,
	If not at place of death?
***************************************	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	1. 11 6001 1
	Joyman m 47 1914
	ADDRESS /
TRAR	10 Morano di michael

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None, Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulit should be used only when needed. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," ample: Mcasles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



No. 1.

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Village or Cit	JLL NAME	(No.	South	Registration St.;——Wa
	ONAL AND STATISTIC	CAL PARTICULARS		MEDICAL CERTIFICAT
male.	Ladored.	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF	(Month)
6 DATE OF BIR	тн		"mes	I HEREBY CERTIFY, T
	(Month)	, , , , ,	that I last any	- / 9
7 AGE	~	If LESS t day,	s than and that deat	h occurred on the date at
8 OCCUPATION (a) Trade, profession particular kind of	on, or work		L	Secondonis
(a) Trade, profession particular kind of (b) General nature business, or esta	on, or work of industry, bilshment in r employer)		Contribute	(Duration)
(a) Trade, professionarticular kind of (b) General nature business, or esta which employed (a)  BIRTHPLACE (State or co	on, or work of industry, bilshment in r employer)  OF R  Aurne		Secondary (Signed)	Ouration (Duration)
(a) Trade, professionarticular kind of (b) General nature business, or esta which employed (or State or co	on, or work  of industry, bilshment in r employer)  ountry)  of face rher or country)  I NAME		(Signed) *State th	(Duration)
(a) Trade, profession particular kind of (b) General nature business, or esta which employed (a)  BIRTHPLACE (State or co  10 NAME C FATHE!  OF FATHE!  12 MAIDEN OF MO  13 BIRTHP	on, or work  of industry, bilshment in r employer)  or country)  or country)  I NAME OTHER OT COUNTRY)  LACE THER OF COUNTRY)	Daily  gena  lla De che	(Signed)  *State th CAUSES, sta TAL, SUICID  18 LENGTH C OR RECENT At place	(Duration  OFY.  (Duration  (Duration  (Duration  (Address)  (Address)  (Duration  (Duration  (Address)  (Addr

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

ARYLAND

OF DEATH ist, No. [If death occurred to a hospital or iostitution, give its NAME instead of street and number.] OF DEATH , 1914 (Year) (Day t I attended deceased from or, in deaths from VIOLENT and (2) whether ACCIDEN-LA, INSTITUTIONS, TRANSIENTA, ..... yrs, \_\_\_\_\_ ds DATE OF BURIAL mar 22



[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. first line will be sufficient, e. g., For many occupatious a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Fyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (secondary or intercurrent) State cause for Never report



1 PLACE OF DEATH

3146

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No 29

Boller Jul	if death occurred is
2FULL NAME Elizabeth Green	St.; Ward)  a hospital or institution, give its NAME lestead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored (Write the word)	Month) (Day (Year)
DATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from to the standard st
(Month) (Day (Year) th	at I last saw her alive on Moh 5 1914

If LESS than

1 day,.....hrs.

OR ..... min. ?

******************************	0	,				••••
	<b>A</b>	(Durati	lon)	yrs	mos	6.
ContributorySecondary	I reso	2-con	alway	13 1	Lon	~
(Signed)	me	(Dorat	Jon)	yrs	mos,	3_0
(organou)	191 (/	(ddress)	041	I O	ale	Jus

and that death occurred on the date stated above

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

.	OR RECENT RESIDENCE (FO	R I	HOSPITALS, INS	TITUTIONS,	TRANSIE	NTa
1	At place		In the			
1	of death yrs mes.	ds.	State	yrs,	mos	ds

Where was disease contracted.

If not at place of death? Former or

usual residence BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 14

PERMANENT EXACTLY. pinous INK-THIS AGE supplied. UNFADING carefully sug that it ma f certificate. WITH pinous PLAINLY. F DEATH in piain
See Instructions WRITE CAUSE OF

Very

PHYSICIANS should state

RECORD

OCCUPATION IS

statement

classified.

properly

may

0 0

terms, on back

in piain

0

Important.

PARENTS

16

TAGE

SOCCUPATION (a) Trade, profession, er

particular kind of work.

State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

OF FATHER (State or country)

(b) Deneral nature of industry,

business, or establishment in

which employed (or employer) -----

No. υż

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

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lnjury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Agc," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," Never report For vio-



PHYSICIANS RECORD PERMANENT EXACTLY BINDING P ERVED supplied. UNFADING carefully s PLAINLY WRITE 50 OF

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH pinous OCCUPATION Registration Dist. No. fif death occurred is St.:---Ward) a hospital or institution. give its NAME instead of street and number. ] Jo statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDDWED. (Month) (Year) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1:205 classifled. (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at, 1 day, .... hrs. OF DEATH\* was as follows: .mos. OR ..... 7 properly BOCCUPATION (a) Trade, protession, or particular kind of work. pe (b) General nature of industry, business, or establishment in may (Duration) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER 80 90 terms, n back 11 BIRTHPLACE . 191 .... (Address) .... ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 6 12 MAIDEN NAME piain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE OF MOTHER (State or country) 프 At place In the EATH ot death \_\_\_\_\_ yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE It not at place of death? Former or Every Item CAUSE OF Important. usoal residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 . 1914 30 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



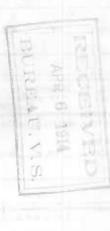
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> cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puenperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) "Contributory." sepsis, tetanus) by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for

the certificate is permanently filed. tions answered in detail, it will prevent further correspondcnce. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN 7. S. No. 1.

N. B.

C	ounty Talbot	CERTIFICATE OF DEATH
0	ounty	Registration Dist. No. 2 90
V	FULL NAME Mary and Dy	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351		16 DATE OF DEATH  Mos. 2 7 1  (Mosth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	October 28, 1854  (Month) (Day) (Year)	that I last saw has allye on Nov. 10 ,1913.
TAC		and that death occurred on the date stated above, at
(a) pai (b) busi whi	CCUPATION ) Frade, profession, or ricular kind of work.  General nature of industry, liness, nr establishment in ich employed (or employer)  IRTHPLACE tate or country)  Worth Carolina	(Duration) 2 yrs mos ts  Contributory & (Secondary)
ARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
P	13 BIRTHPLACE OF MOTHER (State or country)  Worth Carolina	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds.
14 <sub>T</sub>	(Informant) Mary . E. Seleteller	Where was disease contracted, It not at place of death?  Former or osual residence
15 File	ed Mar 28 <sup>4</sup> , 1914 f. B. Faisland REGISTRAR	19 PLACE OF BURIAL OB REMOVAL. DATE OF BURIAL  20 UNDERTAKER  3/28, 191.  20 UNDERTAKER  ADDRESS,  Frampton Oman Parcy Laston N.
	more hlanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

3148

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the description with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purserral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowio oma. Sarcoma. etc., of \_\_ ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for For VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 3149	120 STATE OF MARYLAND
County All The Theorem	CERTIFICATE OF DEATH Registration Dist. No. 290
Village or City Dear English (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Rancy Sta	ot street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decaased from
(Month) (Day (Year)	that I last saw have allva on Tunel 5 ,1914
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 200 m  The CAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Trade, profession, or particular kind of work  (b) Canaral askind of work	Tuphrilis (Chronis)
(b) General nature of indostry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds
State or country)	Secondary
10 NAME OF Perses Wilson	(Signed) (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF in deaths from Violent
12 MAIDEN NAME OF MOTHER STATE OF MOTHER	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Reserve Chance to	At place In the ot deathyrs, mos ds. Stateyrs, mos ds Where was disease contracted.
(Interment) Company Stand	if not at place ot death?————————————————————————————————————
(Address). Esplois Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SILL 1914
Filed Mar 9, 191 4 B Farrbanh	20 UNDERTAKER ADDRESS
	rar, 6 E. Franklin St., Balton, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, perilonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of The nature of the Never report



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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

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nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scuile," etc.), may be stated under the head "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BURLLAU, V.S.

#### V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

Co	PLACE OF PEATH 3151	STATE OF MAR' CERTIFICATE OF Registration Dist,	DEATH
Vii	12ge or City Oxford (No. ,	St; Ward)	[if death eccurred ie a hospital er lestitutiee, give its NAME instead of street and eomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 s	rale **COLOR OR RACE S SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Musch (Month)	(Day (Year)
6 D	ATE OF BIRTH  Oug 21, 87.0  (Month) (Day (Year)	that I last ssw ham slive on mach -	ch20, 1914
7 A	GE   If LESS than 1 day,hrs.	and that death occurred on the date stated a The CAUSE OF DEATH* was as follows:	bove, at 10.30 P.m
(a) pa (b) bus whi	OCCUPATION ) Trade, prefession, or mechanical Eugeneer iticular kind of werk ) General nature of Industry, ilness, or establishment in ich employed (er employer)  IRTHPLACE (State or country)	Contributory Perfecultury V	eternal ty  yrs nes ts
ENTS	10 NAME OF LACUIS L Muhuun  11 BIRTHPLACE OF FATHER (State or country)	(Signed) Calph Tology Mchyl , 1844 (Address) Colog *State the Disease Causing Death of 1	mos ds
PARENT	13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, Or, it CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, It OR RECENT RESIDENTS)  At place le the ef death yrs. mes. ds. State	
	(leformant) Rose to the Best of MY KNOWLEDGE	Where was disease centracted, If not at piace of dealh? Fermer er usual residence	3 - C - C - C - C - C - C - C - C - C -
16 Fil	ed March 2791 & Marchols	Davenpart down	Meh 1914

REGISTRAR

H more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the bisease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (6)

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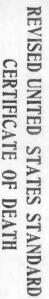
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#### STATE OF MARYLAND Very CERTIFICATE OF DEATH (0) PHYSICIANS should of OCCUPATION IS Registered No. fit death occurred to St:....Ward) a hospital er lostitution, give its NAME lestead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 17 Exact classified. (Year) (Day) If LESS than 7 AGE f day hrs. The CAUSE OF or ..... min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, pe business, or establishment in (Duratioe) suppli may. which employed (or employer) ..... Contributory..... certificate. 9 BIRTHPLACE (Secondary) (State or country) oarefully that 10 NAME OF 0 11 BIRTHPLACE back terms. ENT OF FATHER (State or country) should \*State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-UO AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER (State or country) State ..... yrs. \_\_\_ mos. of death \_\_\_\_\_ yrs. \_\_\_\_ mes. \_\_\_\_ ds. DEATH Where was disease contracted. If not at place of death?----90 Former or OF usual residence Hem mportant. 19 PLACE OF BURIAL OR REMOVAL (Address) ..... Every Mean Jes 15 ADDRESS m ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Talbo Registration Dist. No.. if death occurred in -Ward) a hospital or institution. give its NAME instead of straet and nomber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 7. 4 WIDOWED, Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h. Sand slive on. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which amployed (or omployer) -----9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDEN-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ \_ ds. 14 THE ABOVE IS Where was disease contracted. KNOWLEDGE if not at place of death? Former or osuai rosidonce. 19 PLACE OF BURIAL OR REMOVAL (Address)..... DATE OF BURIAL 15 . 1914 20 UNDERTAKER ADDRESS' REGISTRAR more blanks are needed, address State Registrer, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH 3154	STATE OF MARYLAND
County Salva	CERTIFICATE OF DEATH
near Traphy	Registered No. 297/  St.: Ward) sheshital or inclinion
Village or City (No,	give its NAME Instead
* FULL NAME & Percival 7.	h & Knett ef street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Sangle, gravied wipoweo, ordiverced (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
BDATE OF BIRTH Feb. 24, 1855	that I last saw he was alive on march 10 14, 1914
(Month) (Day) (Year)	and that death occurred on the date stated above, at # P. m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
7 yrs mos. / 3 ds.   or min. ?	Pulmonary buberculoses and
(a) Trade, profession, or farmer particular klod of work	Diabetes Mellitus
(b) General nature of industry, business, or establishment to	(Duration) 4 yrs mos os.
which employed (or employer)  BIRTHPLACE (State or country)  Manyland	Contributory Auuma (Secondary)
10 NAME OF Robert H. M. Knett	(Signed) Meliau S. Seywow, M. D.
V 11 BIRTHPLACE OF FATHER (State or country)	March 12, 1914 (Address) Apple
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER N. C. G. 11. to 5.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  in the of deathyrs,mos,ds.  Stateyrs,mos,ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Ed Merrich	Former or usual residence.
(Address) Transaction On the One	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAY  Oxoton Sud - Mel 14, 191 &
Filed Mel 14th, 191 et forest a from hour REGISTRAR	20 UNDERTAKER' Hence. ADDRESS Gaston Sud
more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causers prate (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS State MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 cs.; valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples: For vio-



state

1 PLACE OF DEATH Very PHYSICIANS should of OCCUPATION IS Exact statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCEO (Write the word) DATE OF BIRTH hould be st classified. (Month) (Day TAGE properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Deneral nature of Industry, business, or establishment in may which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 90 terms. PARENTS 11 BIRTHPLACE OF FATHER (State or country) -12 MAIDEN NAME plain Instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) = EATH 14 THE ABOVE IS TRUE EST OF MY KNOWLEDGE 9 CAUSE OF Important.

(Address).....

15

Filed.

3155

(Year)

If LESS than

1 day,.....hrs.

OR ..... min. ?

REGISTRAR

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Regist

MEDICAL CER

19 PLACE OF BURIAL OR REI

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ration Dis	st, No.	
Ward)	a hospital give Its	th occurred to or institution, NAME instead and number.]
<u></u>		and mamber.]
TIFICATE O	F DEATH	
Mich	(Day	1914
(Month)	(Day	(Year)
to My	l attended de	ceased from / 191554
	d above, at 3	
em.	id or	les
her-	**************	
(Duration)	yrs	mosds.
	Trippe	
s) <i>£</i>	uton	***************************************
G DEATH, or INJURY; a:	, in deaths fr nd (2) wheth	om Violent er Acciden-
OR HOSPITALS	, INSTITUTIONS,	TRANSIENTS,
In the State.	yrs,	mos ds
****************	******************	
MOVAL	DATE OF B	URIAL

ADDRESS

DATE OF DEATH I HEREBY CE that I last saw h. ..... alivs or and that death occurred on the The CAUSE OF DEATH \* was Contributory Secondary (Signed) \*State the DISEASE CAUSIN CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (F OR RECENT RESIDENTS) At place \_\_\_\_\_ yrs. .... mos. Where was disease contracted, It not at place of death? Former or usual residence.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," brospinal meningitis"); Diphtheria (avoid use term for the same disease. Examples: Cerebrospinal tlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-

> injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-Ex-

tions answered in detail, it will prevent further correspond-cnce. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A RESERVED FOR MARGIN V. S. No. 1.

N.B.

County NallA	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Dess Eastone, 2 FULL NAME Masay Mass	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale Whate (Write the word)	(Month) (Day (Year)  HEREBY/CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw hat allys on what shell 1914.
TAGE  If LESS than 1 day,hrs. OR min.?  COCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date atated above, at I am, The CAUSE OF DEATH * was as follows:  The cause the history of fully the list  fram Atracjulation by Cracep.  The sore through the symples of self  except a Cracepy confidence of self  except a Cracepy confidenc
9 BIRTHPLACE (State or country)	Secondary (Deration) yrs mos ds.
OF FATHER SULET MANTE  OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country), Ireland	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds  Where was disease contracted.
(Informant)	If not at place of death?————————————————————————————————————
Filed Man 241914 & B. Jan bank.  Registran  Registran  Registran	19 PLACE OF BURIAL OR REMOVAL  Earlie Tred  3, 2, 4, 1914  29 UNDERTAKER  ADDRESS  Ames C. Seence Carefow Med.  rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. eated thus: been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State eause for Never report 10

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BURENT ......

	3157	
	PLACE OF DEATH	STATE OF MARYLAND
C	ounty Vallot	CERTIFICATE OF DEATH
	6 0	Registration Dist. No. 24 Y
. V	illage or City hun drappe (No	St.; Ward) [It death occurred to a hospital or Institution give its NAME instead
	FULL NAME	mills · of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male Regio.  Single, MARRIEO, WIDOWEO. ORONORCED (Write the word)	16 DATE OF DEATH navel 14 1914 (Month) (Day) (Year)
6 D	ATE OF BIRTH march 14th, 1914	17 I HEREBY CERTIFY, That I attended deceased from [91
TAG	(Month) (Day) (Year)  aE   If LESS than   1 day,hrs.   or 2hrs.   or 2hrs.	and that death occurred on the date stated above, atm  The CAUSE OF DEATH* was as follows:
(a) pai (b) busi	CCUPATION Trade, profession, or ticular kind of work	Unassible Street-triet.
	RTHPLACE (atte or country) Talkor Bo Sud-	Contributory (Secondary)
TS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) Poses as (Signed) (Signed) Seaffe, 202 .
PARENT	OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER Mary Smills.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)  Tachri 6. Sud -	At place In the of death yrs mos ds. State yrs mos ds.
	Interment). The Best of My Knowledge Interment). The Best of My Knowledge	Where was diseaso contracted, If not at place of death?  Former or usual residence
16 File		19 PLACE OF BURIAL OR REMOVAL  Man Strappe and  20 UNDERFARER  Surge mils.  ADDRESS  Frank, and
	It more blanks are needed, address State Registrar	1/3 9

[Approved by U. S. Censns and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

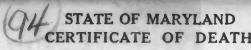
Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc... Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage, as "PUERPERAL septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUEEPEBAL peritonitis," etc. State cause for -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never repor is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate. WITH WRITE PLAINLY, CAUSE OF Important. S 1 PLACE OF DEATH 3158



County Sall of	CERTIFICATE OF DEATH
1 11	Registration Dist. No. 190
Village or City Company Mole,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale Colors (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	much 23, 1914, to march 23, 1914, that I last saw here allow on march 23, 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
B OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE  (State or country)  Callot Leo	(Buration) & yrs. D mos. 4 ds.  Contributory again General Selville Secondary
11 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informant) The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
16 Filed Mar 26 1914 J. B. Fairbanh Local REGISTRAN	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  3/26, 1914  PONDERTAKER  ADDRESS  AMOS A Server 6 to 12ml

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

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[Approved by U. S. Census and American Fublic Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specistatement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaevalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head "Exhaustion," Never report



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7 D	INK
RESERVED	UNFADING
NI DECEMBER	WITH
No.	PLAINLY.
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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD

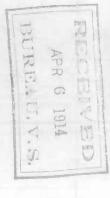
PLACE OF DEATH 3159	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Eastern (No. ,	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  MAISH // 1014
Male white Whowed, married Widowed, ordiverced (Write the word)  8 DATE OF BIRTH  (Month) (Dsy) (Yesr)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I sttended deceased from 191, to 191, to 191, that I last saw h
TAGE  If LESS than 1 day,hrs. ORmin.?	snd that death occurred on the date stated above, at/_/5/4 m. The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **Many land	Contributory (Secondary)  (Daration) yrs mas ds
11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant)  Parrice	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place   Io the   Io t
(Address) Carlon Lea Filed Mar 12, 1914 J. B. Fairbarols  REGISTRAR  If note blanks are needed, address State Registrar	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  Franklin St., Balton, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmaterial worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcreiy symptomatic), "Atrophy," ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "Asnant ncopiasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 ds.; For VIO-



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

V. S. No. 1.

N.B.

PLACE OF DEATH  County Talbot M	3160 L.	STATE OF MAI	RYLAND F DEATH
	0	Registration Dis	st. No 270
Village or City Part Part Part Part Part Part Part Part	gie V. Staff	Long lorods St.; Ward	[If doath occurred in a hospital or institution, give its NAME lostead of street and nember.]
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
MA WII	RRIED, Sungle ' DOWED, DIVORCED rite the word)	16 DATE OF DEATH Much (Month)	(Day (Year)
6 DATE OF BIRTH	18,1842	17 HEREBY GERTIFY, That  March J., 1914, to M.  that I last saw h 2 alive on M.	attended deceased from well 16, 1914.
7 AGE // (Month) 7 OCCUPATION	(Day (Year)  If LESS than 1 day,	and that death occurred on the date stated.  The CAUSE OF DEATH* was as follows:  All allack of Cush	1,
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Courts Red'	Contributory Old age Secondary (Doration)	yrs mos ds
or state or country)  12 Maiden Name OF MOTHER OF MOTHER	Hord Delawai	(Signed)	hippe , M. D.
of Mother Onarie M.  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF	Fisher Delawar:	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTE)  At place	
(Informant) Geb Staff	MY KNOWLEDGE	If not at place of death?  Former or usual residence	
(Address) Dardova  16 Filed Mar 17", 1914 B. Fag  If more blanks are ne	Illd in banks read Registran	20 UNDERTAKER  James & Blesser  trar, & E. Franklin St., Balto, Requesting V. S	March / S., 181 -1 ADDRESS English

[Approved by U. S. Census, and American Public Health Association.]

eated thus: Farmer (retired 8 yrs.) For persons it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report cause for



#### V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

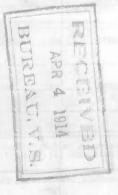
Village or City And County (No	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 24  St.; Ward)  St.; Ward)  [If death occurred lo a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  1 Age (Month) (Day (Year)  7 AGE 11 LESS than	16 DATE OF DEATH  (Month) (Day (Year)  17, I HEREBY CERTIFY, That I attended deceased from March 15, 191 4, 191 4, 191 4, 191 4, 191
7/ yrs 3 mos / 4 ds OR min. ?	and that death occurred on the date stated above, at # JO / m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind et work.  (b) General nature of Industry,  Jousiness, or establishment in which employed (or employar)	(Duration) yrs mos 4 ds.
9 BIRTHPLACE (State or country) Salbot Co	Secondary (Doration) vrs mos ds
OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  Many Cand.  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) All C. C. M. D.  , 191 (Address) All Annal  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Many Lawy	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONE, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mos,ds
(loformant) Mes Las Newmann Mary land)  (Address) Offerd Many land.  15  Filed Meh 7, 1944 Ma Michelo	Where was disease contracted, If not at place of death?  Former or osual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
Deputy Freal REGISTRAR	M. G. Newnau on Ostard
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second the nature of the business or industry, and therefore an who have no occupation whatever, write None. bccn changed or given up on account of the disease who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," State cause for "Exhaustion,"



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN

W. B. No. 1.

N. D.

_	ounty Talbot	CERTIFICATE OF DEATH
C	ounty	Registered No. 293
\	Tillage or City Cordova (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
_	FULL NAME	11
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  March  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
8 0	Oct 23 1906 (Month) (Day) (Year)	Tet 11 1914 to Man 15 1914
7 A		and that death occurred on the date stated above, at 2.15. P. m.
	7 yrs. 4 mos. 2 2 ds. 0 nmin.?	The CAUSE OF DEATH * was as follows:
(a pa	CCUPATION ) Trade, profession, or formulation of work.  General nature of industry,	Spine Sesien of
bus	iness, or establishment in ich employed (or employer)	(Duration) yrs. 6 mos 15 ds.
9 B	tate or country Cordova Md.	(Secondary)  (Doration)  yrs mos ds.
S	10 NAME OF Percy- 6- Strops	(Signed) 6, 24 Stille, M. D. 3/16, 1914, (Address) Cordova - 2004
RENT	(State or country) Talket 6	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PARI	13 BIRTHPLACE OF MOTHER (State or country) Talbor les - End	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
14-	informant) Percy 6. Stoops	Where was disease contracted, If not at place of death?  Former or usual residence.
	(Address) Rondova Mas Mas	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 6 Fii	ed aprel 1914. J. L. Gardier Joech REGISTRAR	Oaslan, Md. May, 17, 1914.  20 UNDERTAKER ADDRESS  Skence & Mullekin Eastan Md.
	Pu R. E. Sevens	r, 6 D. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH 2169

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekccpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

'ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. childbirth or miscarriage, as "Purpenal septicharture of the American Medical Association.) cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthonia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malkgoma. Sarcoma. etc., of "Contributory." Accidental drowning; Struck by railway train—accl-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Never report Examples: For vio-



V. S. No. 1.

1 PLACE OF DEATH 3163	STATE OF MARYLAND
DY 11. 7	CERTIFICATE OF DEATH
County	Registration Dist. No. 290
Village or City Gaston (No,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color of Race 5 single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I, HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH  March 15t , 1914 (Month) (Day (Year)	that I last saw him silve on Thronds and 2191
7 AGE If LESS than 1 day to hrs.	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Educad F Thousand	(Signed)
11 BIRTHPLACE OF FATHER (State or country) Springfield browning  12 MAIDEN NAME OF MOTHER  P	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
- Clari Turer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
State or country) Country Tabot las hua	At place In the ot death yrs. mos. ds. State yrs, mos, ds
(Informant) Educated T. Thompson	It not at place of death?  Former or  usual residence
(Address) Easton Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Gas of Dud 3/2 , 1914
Filed Mar 2" 1914 1 B Fairbank REGISTRAR	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the bisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mme, etc. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stalionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal seplichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the denl; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For vio-



V. S. No.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT S INK-THIS UNFADING certificate. Important. See Instructions on back of WRITE PLAINLY, WITH

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1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

County Call The	100
	Registration Dist. No. 291
Village or City Sength rounds	St.;Ward)  [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
FULL NAME SCALL MEGUM	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Colored Single, MARRIED, MIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
DATE OF BIRTH  (Month) (Day (Year)	that I last saw have alive on the standard deceased from the saw have alive on the standard saw 1914.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3.300, m  The CAUSE OF DEATH* was as follows:  Subsequeloses (Palmosa,
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer).	(Duration) 3 yrs — mos — ds
BIRTHPLACE (State or country) Yalbot & Md	Contributory at dominal as eiles Secondary
10 NAME OF FATHER Hallians Telephonea  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signed) (No. 0 ) (Signed) (No. 0 ) (No
OF MOTHER THE REEDLE  13 BIRTHPLACE OF MOTHER (State or country) 4 MM	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the ot death yrs,
(Interment) Royal Meghovan	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Wy hills hard	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Mary Chapel 3/8 1914

REGISTRAR

more binnks are needed, address State Rogistrar, 6 E. Franklin St., Kalto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

pneumonia"); fever (the only definite synonym is "Epidemic cere-CAUSING DEATH (the primary affection with respect to prospinal term for the same disease. time and causation), using always the same accepted ("Pneumonia," "Croup";) lesis of lungs, Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercumeninges, peritonaeum, etc., Examples: Cerebrospinal Carcin-

> nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of For vio-



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

County Salvot	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No 290
Village or City Caston (No. 2 FULL NAME Roselle	St; Ward)  [if death occurred a hospital or institution give its NAME insteed of street and number,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemel White (Write the word)	16 DATE OF DEATH    Month   Day (Year)   17     HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH  OC. 19, 191.3  (Month) (Day) (Year)	191 to 191
7 AGE It LESS tha 1 day,hrs ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment to which employed (or employer)	Congenital Typhilis  (Ouration) yrs. 3 mos. 7 d
9 BIRTHPLACE (State or country) Salisbury, Md.  10 NAME OF FATHER CVERTILE White	(Signed) Ames B Menuty 3 rd M. (Signed) 126, 1914 (Address)
11 BIRTHPLACE OFFATHER (State or country) Salisbury Ma  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) Salvot &	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTA) At place in the of death
OF FATHER (State or country) Salesbury Ma  12 MAIDEN NAME OF MOTHER MANAY Robinson  13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonicum, etc... Carcin-

childbirth or miscarriage, as "Purrperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples: For vio-



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1	PLACE OF DEATH 3166	STATE OF MARYLAND
/ C.	ounty Felbr	CERTIFICATE OF DEATH
	illage or City In Town (No	Registered No. 2  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME CAUA 1144	70
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	eurale Color of face Single, Married, Wisowes, Orbivorceo (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	that I last saw bar alive on Mal 320 1914
TAG		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
pal (b)	CCUPATION Orade, profession, or ricular kind of work General nature of industry, iness, or establishment in	Chronic Bright
Whi	ich employed (or employer)	(Ouration) yrs. 2 mos. ds.
9 B	TRITHPLACE tate or country) Zallot CO	(Secondary)
S	10 NAME OF Mordreas Formy	(Signed) (Signed) (Address) (Easlow) M. O.
L N	11 BIRTHPLACE OF FATHER (State or country)  Jallot Co	*State the DISEASE CAUSING DEATH, OF In deaths from VIOLENT
PAR	12 MAIDEN NAME MANUE Walley	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
	13 BIRTHPLACE OF MOTHER (State or comptry) Fallol Co-	At place In the of death yrs. mos. ds. State yrs. mos. ds.
14-	(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence.
	(Address) Extore	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fi	18d Mas 14, 1914 J. Bataubank	AUNDERTAKER ADDRESS SALTON HOLD
	If more blanks are needed, address State Registrar, 8	E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-accimia," "PUERPERAL peritonitis," etc. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) \_ (name origin; "Candeath), 29 de.; State cause for Examples:

